

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000434

FILED
Apr 08, 2009
Secretary of State

Entity Name: COLLIER COUNTY ANIMAL LEAGUE, INC.

Current Principal Place of Business:

235 BERMUDA RD
MARCO ISLAND, FL 34145

New Principal Place of Business:

591 6TH STREET NE
NAPLES, FL 34120

Current Mailing Address:

6017 PINE RIDGE RD
#138
NAPLES, FL 34119

New Mailing Address:

591 6TH STREET NE
NAPLES, FL 34120

FEI Number: 20-2160533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, PALLAS
591 6TH ST NE
NAPLES, FL 34120 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DIAZ, PALLAS
Address: 591 6TH ST NE
City-St-Zip: NAPLES, FL 34120

Title: O () Delete
Name: WEATHERFORD, SUSAN
Address: 235 BERMUDA RD
City-St-Zip: MARCO ISLAND, FL 34145

Title: O () Delete
Name: TOEMMES, JACQUELINE
Address: 235 BERMUDA RD
City-St-Zip: MARCO ISLAND, FL 34145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change () Addition
Name: BROVITZ, LEE
Address: 1864 DOGWOOD DRIVE
City-St-Zip: MARCO ISLAND, FL 34145

Title: O (X) Change () Addition
Name: TOEMMES, JACQUELINE
Address: 591 6TH STREET NE
City-St-Zip: NAPLES, FL 34120

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE BROVITZ

O

04/08/2009

Electronic Signature of Signing Officer or Director

Date